

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

101588417 8-4-2006

CLAIMS

	AS FILED		AFTER		AFTER	
	1 <sup>st</sup> AMENDMENT		2 <sup>nd</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	6		7			
4						
5	1		1			
6	1		1			
7						
8	3		1			
9	2					
10	6		1			
11	6		1			
12	1		1			
13	2		2			
14	1		1			
15	1		1			
16	1		1			
17	6		8			
18	6		8			
19						
20						
21						
22	1		2			
23	2		2			
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TOTAL IND.			2			
TOTAL DEP.			25			
TOTAL CLAIMS			27			

	AS FILED		AFTER		AFTER	
	1 <sup>st</sup> AMENDMENT		2 <sup>nd</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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